 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature X A Grant Page 1 of 1 A. Signature B. Received by (Printed Name) D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Judy Byrd 407 Drake Drive Dothan, AL 36305	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes
Z. Attoo	0002 4407 2254 eturn Receipt 102595-02-M-1540

Domestic Return Receipt

PS Form 3811, February 2004